

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER Lake Ridge Care Center of Buffalo, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Lake Boulevard Buffalo, MN 55313	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to provide appropriate table height in the dining room for 1 of 2 residents (R33), reviewed for accommodation of needs. Findings include:R33's quarterly minimum data set (MDS) dated [DATE], indicated R33 was cognitively intact, required assistance of one with activities of daily living (ADLs), was independent with eating after staff sets up meal. Diagnoses included hemiparesis (weakness on one side of the body) hemiplegia (loss of movement on one side), dysphagia (difficulty swallowing), weakness and chronic pain syndrome, severe kyphosis (excessive forward rounding/hunching of upper back).R33's care plan, last review date 10/21/25, indicated R33 required set up and supervision for eating due to hemiparesis with intervention of staff to provide set up and supervision assistance with meals. On 1/6/26, at 12:08 p.m. R33 was observed in the main dining room, sat in wheelchair, R33 was leaned forward and to the right, tabletop was chin height to R33. R33 was eating from the plate she had placed on her lap. On 1/7/26, at 12:18 p.m. observed kitchen staff place R33's plate on the table which was chin height to R33. R33 moved the plate from the table to her lap, proceeded to eat. R33 was leaned forward and to her right. When interviewed on 1/8/26, at 2:45 p.m. nursing assistant (NA)-A stated R33 was independent with eating, had weakness on her right side, may lose food when she ate, but had not noticed R33 placed the plate on her lap to eat. When interviewed on 1/8/26, at 3:15 p.m. licensed practical nurse (LPN)-A stated R33 had not mentioned having problems or difficulty when eating but had noticed R33 placed the plate on her lap during lunch today. LPN-A did not recall if R33 requested the table to be adjusted. During interview on 1/8/26, at 5:46 p.m. R33 stated when the plate was on the table she felt like my nose is in my food. R33 stated she had asked staff to lower the table but had been told it could not be lowered any further that it already had been. R33 state she preferred to eat in the dining room and was willing to try alternatives to putting meal on her lap, R33 stated it was very difficult to eat soup from her lap. During interview on 1/8/26, at 5:57 p.m. director of nursing (DON) stated if there was something that could be done to make mealtime better for someone it should have been done. DON stated the table did not have the ability to be lowered further that it had been, at attachment to the table was requiredFacility policy Dining Room Service dated 1/1/19, indicated the dining experience would enhance the individual's quality of life and be supportive of the individuals' needs during dining. Further, the policy indicated tables would be adjusted to accommodate wheelchairs, etcetera, positioning at mealtime must be appropriate for individual's needs.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on observation, interview and document review, the facility failed to ensure past recertification survey results were available for review. This had the potential to affect all 51 residents residing in the facility, as well as family, visitors and staff. Findings include: On 1/8/26 at 12:00 p.m., a review of the survey binder was completed. It was noted that all required recertification surveys, as well as complaint investigation surveys were present, with the exception of the most recent recertification survey of 1/15/25. On 1/8/26 at 12:05 p.m., an interview was completed with the administrator. Administrator acknowledged the most recent recertification results of 1/15/25 were missing from the survey binder. Administrator stated, the results of all surveys and complaint investigations were to be present in the survey binder, in addition to the plan of correction, and results were to be placed in a spot easy for residents, family members/responsible parties, visitors, staff, and others who may be interested were able to review. The facility policy, Posting of Survey Results, last reviewed 11/20/25, identified the facility was to have the survey results and plans of corrections available to all residents. This was noted to be the responsibility of the administrator. The policy went on to identify the following was to be in place with the posting of survey results:</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, facility failed to ensure appropriate personal protective equipment (PPE) was properly utilized for 2 of 2 residents (R7 and R14) on enhanced barrier precautions (EBP), 1 of 1 resident (R58) on enhanced respiratory precautions (ERP). This had the potential to affect all residents the trained medication aide (TMA)-A came into contact with during her shift. In addition, facility failed to ensure infection control practices were followed when staff left used linens, towels and resident personal clothing on the floor for 2 of 2 residents (R7 and R14). The facility failed to ensure an attending clinical provider consistently wore a face mask while in patient areas during a period when the facility was in outbreak status, and masking interventions were being implemented facility wide. This had the potential to affect all 51 residents, as well as other staff and visitors who were in general areas. Further more, the facility failed to ensure continuous positive airway pressure supplies (CPAP) supplies were dried in a sanitary manner for 1 of 1 residents (R1) reviewed for CPAP use. Findings include:</p> <p>R7</p> <p>R7's admission Minimum Data Set (MDS) dated [DATE], indicated R7 required substantial assistance from another person for toileting hygiene and lower body dressing. Required partial/moderate assistance for upper body dressing and supervision or touching assistance for oral hygiene and personal hygiene. R7 was dependent on assistance for bed mobility including rolling left to right, sitting to lying and lying to sitting on side of bed. R7 was dependent on assistance to-sit-to-stand, chair/bed-to-chair transfer, toilet transfer and tub/shower transfer. R7 utilized an indwelling urinary catheter and was occasionally incontinent bowel. R7's diagnoses included cancer, anemia, hypertension, benign prostatic hypertrophy and obstructive uropathy.</p> <p>R7's care plan last revised 1/5/26, indicated R7 required EBP related to an indwelling catheter. Approach included: Follow enhanced barrier precautions per policy.</p> <p>During observation and interview on 1/5/2026 at 9:47 a.m., TMA-A was in R7's room. TMA-A was not wearing a gown or gloves. A large pile of linens and towels was observed on the floor outside the bathroom. Licensed practical nurse (LPN)-C exited R7's room and explained R7 just finished his shower, this was the reason the linens and towels were on the floor, in case you were wondering. TMA-A exited R7's bathroom while stating, she was cleaning the mess up and placed the towels and linens in a plastic bag.</p> <p>R14</p> <p>R14's admission MDS dated [DATE], indicated R14 required partial/moderate assistance with upper body dressing, substantial/maximal assistance for toileting hygiene, shower/bathe, and lower body dressing. R14 required supervision or touching assistance for personal hygiene. For rolling left and right in bed, sit to lying and lying to sitting on side of the bed, R14 required supervision or touching assistance. Sit to stand, chair/bed-to-chair transfer, toilet transfer and tub/shower transfer R14 required supervision or touching assistance. R14 was always continent bowel, and occasionally incontinent bladder. R14 diagnoses included anemia, atrial fibrillation, heart failure, diabetes mellitus and cellulitis of both left and right lower limbs.R14 had three venous and/or arterial ulcers which required application of nonsurgical dressings and application of ointments/medications.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R14's care plan last reviewed 1/7/26, indicated R14 required EBP related to wounds on toes. Approach included: Follow enhanced barrier precautions per policy.</p> <p>During interview on 1/5/2026 at 10:04 a.m., LPN-C stated R7 required EBP due to having an indwelling urinary catheter and R14 required EBP due to have a wound.</p> <p>During observation on 1/5/26 at 10:15 a.m., a sign posted on R7 and R14's room door notified of Enhanced Barrier Precautions and gave direction to wear gown and gloves. A pile of dark personal clothing was noted on the floor on R14's side of the room. Clothing was not bagged. LPN-C, wearing gown and gloves, entered the room. TMA-A asked LPN-C, Why are you all gowned up and stuff? TMA-A was not wearing a gown or gloves.</p> <p>R58</p> <p>R58's face sheet, undated, indicated diagnoses included acute heart failure, chronic obstructive pulmonary disease and anemia.</p> <p>During observation on 1/5/26 at 9:57 a.m., a sign posted on R58's door notified of Enhanced Respiratory Precautions and gave direction to wear gown, gloves, eye protection and respirator (N95) in room. A plastic cart with pull out drawers was outside R58's room. Contents in the drawers included disposable gowns, disposable gloves, face shields and individually packaged N95 masks. TMA-A performed hand hygiene (HH), donned a N95 mask, gloves and gown before entering R58's room. TMA-A shut the door behind her.</p> <p>During interview on 1/5/26 at 10:27 a.m., TMA-A stated the signs on the doors (R7, R14 and R58) give direction regarding the type of PPE is to be used when in the room. For R7 and R14, gown and gloves were needed with cares (according to the sign) and for R58 gown, gloves, and an N95 were needed. TMA-A stated she did not don a gown or gloves before entering R7 and R14's room this morning because she did not see the sign on the door and was not aware either required EBP. TMA-A assisted R7 was personal cares, including a shower, dressing, catheter care and transfer assistance. TMA-A assisted R14 with personal cares including personal hygiene, dressing and transfer assistance. TMA-A stated she did not need to don a face shield before entering R58's room because she wore eye glasses so the face shield was not required. TMA-A stated placing used/soiled linens, towels and resident personal clothing on the floor was not appropriate, but I had no where else to put them.</p> <p>During interview on 1/6/26 at 11:43 a.m., director of nursing (DON) stated he was aware of the observations made on 1/5/2026 regarding TMA-A not donning appropriate PPE but was not aware of linens and resident personal clothing being placed on the floor. DON expected EBP was followed with any high contact care activity in a resident's room. A list of the specific care activity requiring EBP and the appropriate PPE to wear in that room was included on the sign posted on the resident's door. This was important to protect residents from the spread of multidrug-resistant organisms (MDROs). This was especially important for residents who are at higher risk for contracting MDROs, such as those with indwelling medical devices and those with wounds. DON stated R58 was on ERP due testing positive for COVID-19 after admission. DON expected PPE use in any room with [NAME] include either goggles or a face shield, standard eye glasses were not considered eye protection. Regarding linens and resident personal clothing left on the floor, DON stated those items should not be thrown directly on the floor, they should be bagged first. Especially in a shared room as it is a shared environment and could lead to infection prevention and control concerns.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility policy, Personal Protective equipment with last review date 7/2/2025, directed staff personal protective equipment appropriate to specific task requirements is available at all times. Certain PPE may be required when working in the facility, such as facemasks or eye protection during a respiratory virus pandemic.</p> <p>Facility policy, Transmission-based precautions, enhanced barrier precautions and empiric precautions with last review date 9/29/2025, included the following:</p> <p>Section titled Best practice recommendations for enhanced barrier precautions: Use enhanced barrier precautions sign. Direction to staff included: If contact precautions do not otherwise apply, enhanced barrier precautions are recommended for residents with any of the below criteria: Bullet 2: A resident with a chronic wound regardless of MDRO status .Bullet 3. Residents with an indwelling medial device, even if the resident is not known to be infected or colonized with an MDRO. Examples of indwelling medical devices include but are not limited to: Central vascular lines, PICC or Mid-line catheters, indwelling urinary catheter, nephrostomy tube, feeding tube, tracheostomy tubes .</p> <p>Section titled Enhanced respiratory precautions: Use for residents with COVID-19. Residents in enhanced respiratory precautions require: Keep door closed if able; Gown; N95 mask; Eye protection; Gloves.</p> <p>Mask Use</p> <p>On 1/5/26 at 9:00 a.m., upon entrance to the facility, the survey team was informed by the receptionist of the current status of respiratory precautions in place at the facility, and instructed survey team mask use was required.</p> <p>During survey observation, on 1/5/25 at 10:10 a.m., clinical provider (CP)-A was observed to be rounding with unidentified nursing staff member. CP-A was observed to be unmasked initially, however, placed mask on once surveyor was noticed.</p> <p>On 1/5/25 at 10:28 a.m., CP-A was observed in a resident room and was not wearing a face mask. CP-A was standing approximately 12 to 18 inches away from both rounding nurse and resident. Upon exiting room, CP-A was observed to place mask after surveyor was noticed in the hallway.</p> <p>On 1/5/25 at 2:01 p.m., CP-A was observed multiple times going between the provider office and the front desk of the nurse's station, providing documents and obtaining/providing information to/from staff. The office was directly across the hall from the nurse's station; however, residents, staff and visitors were observed passing through this area.</p> <p>On 1/5/25 at 2:15 p.m., an interview was held with CP-A regarding the use of face mask throughout the nursing home visit. CP-A stated upon entering the facility, he did observe that mask use was in place and had talked with staff regarding this. CP-A stated he generally used masks while completing patient care, however, acknowledged he did not consistently use when outside of patient care areas. When asked about observation of visit with resident made with out mask in place, CP-A acknowledged he should have worn the mask during the visit. CP-A stated masks were really indicated for people who were symptomatic to prevent spread to others, and otherwise mask use was not necessarily indicated. When asked about the perception of others when observed by both staff and residents, CP-A acknowledged he should set the example with the use of mask when implemented in the facility as a precaution.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 1/8/26 at 5:35 p.m., an interview was held with licensed practical nurse (LPN)-A, Long Term Care Unit Coordinator (UC)-A and registered nurse (RN)-A, Transitional Care Clinical Coordinator (CC)-A. CC-A stated the expectation would be for the provider to wear a mask while in common areas and around others. CC-A stated he had asked the provider to wear masks as per facility policy during outbreak. UC-A stated the facility encouraged masks for everyone. UC-A stated facility staff were required to wear masks, and staff would not be allowed to not wear a mask while precautions were in place. CC-A stated the provider was one of the facility vendors and the expectation was for him to wear a mask. CC-A stated if staff were uncomfortable approaching the provider, they should have sought either CM-A, CC-A, or director of nursing (DON) to follow through with this.</p> <p>On 1/08/26 at 6:08 p.m., an interview was held with DON. DON stated he had made similar observations and had directed CP-A regarding the need for mask use. DON stated it was the expectation masks were to be worn by providers while in the facility. DON stated when observed, it was the expectation of the facility that the staff was to request the provider to wear face mask as required by facility policy.</p> <p>The facility policy, titled Respiratory Illness-Covid 19, Influenza, RSV, original date 11/13/25, identified: Source control is recommended more broadly in certain circumstances as described in CDC's Preventing transmission of viral respiratory pathogens in healthcare settings that can be found on the CDC website. Source control requirements for new admissions should follow facility policy. People who are recommended to wear source control should not go places where they are unable to wear a mask. The policy identified the facility was to provide appropriate masks and/or respirators to residents, staff, and visitors.</p> <p>R1</p> <p>R1's annual MDS dated [DATE], indicated R1 had moderate cognitive impairment and required assistance with activities of daily living. R1's diagnoses included sleep apnea, congestive heart failure, chronic kidney disease, acute respiratory failure with hypoxia (lungs cannot get enough oxygen into the blood), pulmonary nodule, and chronic pain.</p> <p>R1's care plan last reviewed/revised 11/25/25, did not address BiPAP (noninvasive ventilation that helps you breath) use.</p> <p>R1's physician order report printed 1/8/26, directed staff to clean BiPAP tubing, mask, nasal pillow daily by placing in mild soap and water and soaking for five minutes. Rinse with warm water and allow to air dry between uses.</p> <p>On 1/5/26 at 1:59 p.m., observed R1's BiPAP mask, nasal pillows and hose were hung on the towel bar that was attached to the inside surface of the shared bathroom door. The mask, nasal pillows and hose were observed to be hung on the towel bar again on 1/6/26 at 11:35am, and again on 1/7/26 at 9:29 a.m.</p> <p>When interviewed on 1/8/26 at 2:55 p.m., licensed practical nurse (LPN)-A stated the masks, nasal pillows and hoses were not normally hung in the bathroom. LPN-A stated, that's gross, not a normal place to hang medical equipment to dry.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>When interviewed on 1/8/26 at 3:15 p.m., LPN-B stated the mask/nasal pillows and tubing should be rinsed out and hung to dry in the bathroom or place on the nightstand to dry. LPN-B then stated, maybe for infection control reasons the supplies should not be hung in the bathroom due to spray that occurred when the toilet is flushed.</p> <p>When interviewed on 1/8/26 at 4:10 p.m., director of nursing (DON) stated the expectation was for masks/nasal pillows, tubing and water chambers to be rinsed every morning then hung to dry in the resident's room. DON stated the supplies should never be hung the bathroom for infection control.</p> <p>Facility policy CPAP/BiPAP last reviewed 3/10/25, indicated cleaning of masks, nasal pillow and tubing were to be cleaned BiPAP tubing, mask, nasal pillow daily by placing in mild soap and water and soaking for five minutes. Rinse with warm water and allow to air dry between uses.</p>